

Health Insurance Portability and Accountability Act (HIPAA)



# **Vendor Test Methodologies**

Pre-HIPAA

Version 1.0 June 15, 2004

## 1. Vendor Testing Procedures

Vendors who wish to submit production claims to Alabama Medicaid and EDS must participate in vendor testing prior to being allowed to submit claims into the production system after the implementation of HIPAA.

There are three types of testing being offered to vendors. They include Compliance Validation, Connectivity Validation, and End-to-End Validation. All vendors must participate in the compliance testing and connectivity testing. End-to-end testing is optional. There are not any requirements on the number of claims or transactions that need to be submitted into the test environment prior to moving to production. Once compliance testing is passed, all that is required is that claims or transactions can be submitted successfully into the system and responses can be successfully retrieved.

## 1.1 Compliance Validation Testing

Compliance Validation testing is used to ensure vendors have coded their systems to the correct HIPAA compliant format based on the guidelines outlined in the HIPAA Implementation Guides, Implementation Guide Addenda and the Alabama Companion Guides. Test files must be sent to the HIPAA e-mail address at HIPAA@alxix.slg.eds.com. Test files received from vendors must be submitted in a text format and will be checked for HIPAA compliance through our Translator system. Vendors will be notified of any format errors discovered. The exchange of data is over a non-secure network, so it is recommended that only dummy/test data (non-real time or non-production data) be used in this testing phase.

## 1.2 Connectivity Validation Testing

Connectivity testing is the second stage of testing. The point of this testing is to ensure vendors can submit transactions to EDS and receive a response back.

**A.** Vendors will be able to check eligibility and/or claim status and submit claims in batch mode. Interactively vendors will be able to perform eligibility checks and claim status checks. Claims are to be uploaded in batch form only. The exchange of data is over a secure network, so it is recommended that real time or production data be used in this testing phase for more accurate results.

#### **B.** Responses available for download at this time:

- 997 Functional Acknowledgement provides feedback on the HIPAA compliancy of the file submitted. Please see the 997 Implementation Guide for help in interpreting this file. This is available at <a href="https://www.wpc-edi.com">www.wpc-edi.com</a>.
- <u>CSR</u> 837 Proprietary Batch Response provides feedback on the individual claims within the file, whether or not the claims are accepted for further processing or are in error. Please see the 837 Proprietary Batch Companion Document available on our website

(<a href="http://www.medicaid.state.al.us/HIPAA/hipaanews.htm">http://www.medicaid.state.al.us/HIPAA/hipaanews.htm</a>) for the layouts and the error codes/messages.

- <u>271</u> Response to the Eligibility Request (270).
- 277 Response to the Claim Request (276).
- **C.** For Batch submissions, we are requesting for testing purposes at this time, you keep the number of request or claims to less than 20 per file.
- **D.** The first submission option available is logging onto a secure website and performing interactive transactions or uploading batches and downloading responses. The second option is performing these functions via a dial-in connection using a modem line.

http://www.medicaid.state.al.us/HIPAA/hipaanews.htm

On our website, the Web User's Guide provides helpful instruction on connecting and navigating the website. The Vendor Interface Specification Document provides instruction on setting up the dial-in connections. Please note both of these documents are working documents and are subject to change.

**E.** The submitter id/trading partner id assigned will be used as the user id for logging into the test system. The initial password will be the user id, which users will be prompted to reset after initial login.

URL for the Model Office/Test Environment:

https://almedicalprogram.medicaid.state.al.us/mod/secure

# 1.3 End-to-End Validation Testing

End-to-End Validation testing is the third and final stage of testing. The purpose of this phase is to allow vendors an opportunity to receive the electronic 835 EOP report. If the 835 reports are not to be processed by your organization, this phase may be skipped.

**Important**: The survey on the following page must be completed prior to participating in End-to-End testing. It provides EDS and Alabama Medicaid with identification information needed to initiate the End-to-End testing process.

## **VENDOR END-TO-END TESTING SURVEY**

Please complete this survey and return it via email to: **HIPAA Email** 

Company/Vendor Name:	
Point of Contact:	
Phone Number:	
Email:	
Mailing Address:	

To receive an 835 EOP for the test claims submitted, a connection between the submitter id and the provider id must be established on our test system. Please list the submitter id(s) and the correlating provider id(s) below that will be submitted together on a test claim.

Submitter ID	Provider ID

## 1.3.1 End-to-End Testing Information:

- **A. Testing link:** URL for the secure testing website: <a href="https://almedicalprogram.medicaid.state.al.us/mod/secure">https://almedicalprogram.medicaid.state.al.us/mod/secure</a>
- **B.** Adjustments: Adjustment claims should not be sent at this time. In the near future, this process will be in place and testing adjustment claims will be accepted. The vendor community will be notified via email or phone call when this adjustment testing is available.
- C. 835 (EOP): Please allow up to 2 days for the 835 to be returned to the appropriate directory for pick-up. If after 2 days the 835 has not been received, make sure your 997 has an accepted status and the CSR has an accepted status with an ICN. If all indicators point to an accepted claim and the 835 report has not been received, contact the HIPAA team at (334) 215-4250 or via email at HIPAA Email.
- **D.** File Size: For this testing phase, please limit claims submissions to less than or equal to 100 per batch.
- **E. Provider Ids**: The provider ids listed on the end-to-end survey must be the only ones submitted on the claims for end-to-end testing; otherwise an 835 will not be returned.
- **F. Testing Incidents**: On our website is a list of testing incidents that have been identified as a problem and are in the process of being corrected. If you believe you have a problem that we need to be notified of, please check this list prior to contacting us.